



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7710

<b>SERIAL NUMBER</b> 10/706,100	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> SER-001
------------------------------------	---	---------------------	-------------------------------	---------------------------------------

## APPLICANTS

Seymour H. Fein, New Canaan, CT; *AM*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of PCT/US03/14463 05/06/2003 *AM*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 0210397.6 05/07/2002 *AM*IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
03/04/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

## ADDRESS

51414

## TITLE

Pharmaceutical compositions including low dosages of desmopressin

<b>FILING FEE RECEIVED</b> 536	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---